FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION					
. • 1		(See instructions)					Office use only	
	AME OF OMMITTEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4M	5
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	s changed)	WASHINGTON					DC	20005
					CITY		STATE	ZIP CODE 📥
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
	(Check if addre s changed)	ss	pac@	sonnenschei	n.com			
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	ITTEE'S WEI (Check if addre is changed)		DDRESS (UI	RL)	111			
2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER C C00216127								
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Print Name of Treasurer Mr. David Schadler								
Signature of Treasurer Electronically Filed by Mr. David Schadler Date Date Date								
NOTE:	Submission of	alse, erron				he person signing this State		
	Office Use Only					For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)